Name in Full: Ada Victoria Allen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Leeland; County: Prince George

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: July	Day: 10	Years	Months: 9	Days: -
Age					

Sex	Color or Race	Birthplace
Female	Colored	Leeland

Married, Single or Widowed: -

Occupation: -

Name of Wife or Husband: -

Father's Name: Charles Allen

Father's Birthplace: P. Geo. Co

Mother's Maiden Name: Mary Jackson

Mother's Birthplace: " " "

Name of person giving Information: Chas Allen

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ileo-Colitis — How long: One week

Immediate: Respiratory failure — How long: -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Pelham Lawson

Address: Hall's Maryland

Accident or Suicide?

LIBRARY BUREAU A88519

Name in Full: Joseph H Bailey

CERTIFICATE OF DEATH

MARYLAND

Died at: Riggs Mill (Town) — Prince Geo. (County)

Date of death 1902 — Month: July — Day: 28. — Age — Years: — Months: 6 — Days: —

Sex: male — Color or Race: colored — Birthplace: M. D.

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband:

Father's Name: James Thomas — Father's Birthplace:

Mother's Maiden Name: Janey Bailey — Mother's Birthplace:

Name of person giving Information: Nellie Bailey — How related to deceased: Grandmother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro enteritis — How long: 2 weeks

Immediate: Asthenia — How long: 6 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: V L Bartlett

Address: Hyattsville, Prince George's Co.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Charley Sumner Beale

CERTIFICATE OF DEATH

MARYLAND

Died — Town: near Zb. — County: Pr. Geo

Date of death 1904 — Month: 7 — Day: 16 — Age: Years — Months: 3 — Days:

Sex: Male — Color or Race: Colored — Birthplace: Near Zb.

Married, Single or Widowed: + — Occupation: +

Name of Wife or Husband: +

Father's Name: Wm Beale — Father's Birthplace: Md

Mother's Maiden Name: Mary Tolson — Mother's Birthplace: Md

Name of person giving Information: Wm Beale — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Enterocolitis — How long: One week

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John A. Cox M.D.

Address: Zb.

Accident or Suicide?

Md

LIBRARY BUREAU A36516

CERTIFICATE OF DEATH

MARYLAND

Name in Full Margaret Elizabeth Beall

Died at — Town: Mitchellville — County: Prince Georges

Date of death 190 4 — Month: July — Day: 28 — Age: Years 29, Months 11, Days —

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Jefferson Beall

Father's Name: Walter Ryon — Father's Birthplace: Maryland

Mother's Maiden Name: Mary P. Turner — Mother's Birthplace: Maryland

Name of person giving information: Joseph Ryon — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Puerperal convulsions — How long: One day.

Immediate: Cardiac dropsy — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. R. Walker

Address: Mitchellville, Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Mary Hollie Bell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bowie — County: Prince George

Date of death 1904 — Month: July — Day: 23rd — Age: Years: Five — Months: — Days: 10

Sex: female — Color or Race: White — Birthplace: Bowie

Married, Single or Widowed — Occupation

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Bell — Father's Birthplace: P.G. Co, Landsville

Mother's Maiden Name: Mollie Bell — Mother's Birthplace: A.A. county

Name of person giving information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Colitis — How long: Three weeks

106

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J.M. Worrall M.D.

Address: Springfield Md.

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Effie Bowie

Certificate of Death

Died at: Town: Sandy Spr. County: P. G. MARYLAND

Date: 1904 July 20 | Age: Y. 65 M. D. | Native of: U. S. Hanover | Occupation

~~Male~~ Female | ~~White~~ Colored | Married | Single | Widow | ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband of Wife: Antony Bowie

Father's Name: Geo. Mackall | Mother's Name: Effie Mackall

Cause of Death: Primary: CO. Dyspepsia | How long sick: 2 weeks

Immediate: Hypostasis

Reported by: Dr. Richardson

Address: Upper Marlboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

Certificate of Death

Wesley Broom

Died at Town Alms House County P.G. MARYLAND

Date 1914 Month July Day 15th | Age Y. 55 M. D. | Native of Md | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | Divorced ~~Number of children living~~

Husband of Wife —

Father's Name Unknown

Mother's Maiden Name —

Cause of Death: Primary ...

Immediate Coronary Thrombosis

How long sick 10 hours

~~Accident, Suicide, Homicide~~

Reported by Chas. R. Beall

Address Pittsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Infant Bennett

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Laurel — County: Prince

Date of death: 1907 — Month: July — Day: 6 — Age: Years — Months — Days: 5

Sex: male — Color or Race: White — Birthplace: Laurel

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: R. C. Bennett — Father's Birthplace: —

Mother's Maiden Name: Miss Atchisson — Mother's Birthplace: Md

Name of person giving Information: R. Brown — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Insufficient Assimilation — How long: 2 & 1/2 hrs.

Immediate: Hemorrhage from lungs — How long: 3 hrs.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J R Hunter

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A8815

Name in Full: Carolina Agusta Burnham.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Laurel — County: Prince Georges

Date of death: 1904 — Month: July. — Day: 17. — Age: Years: 80 — Months: 9 — Days: 4

Sex: Female — Color or Race: White — Birthplace: Schenectady. N.Y.

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Widow — Name of Wife or Husband: Elisha A. J. Burnham.

Father's Name: John H. Weyston. — Father's Birthplace: Schenectady N.Y.

Mother's Maiden Name: Ann Lille. — Mother's Birthplace: Schenectady N.Y.

Name of person giving Information: Emma B. Freeman. — How related to deceased: Daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Enteric Catarrh — How long: Several Years

Immediate: Paralysis (Glosso-Pharyngeal) — How long: Two Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Cronmiller M.D

Address: Laurel - Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Edgar Campbell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodmore — County: Prince George

Date of death 1904: Month: July — Day: 16

Age: Years: — Months: 2 — Days: —

Sex: Male — Color or Race: C

Birthplace: Woodmore

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James F Campbell — Father's Birthplace: Pr. Geo Co

Mother's Maiden Name: Emma Fletcher — Mother's Birthplace: " "

Name of person giving information: J. F. Campbell — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Improper feeding — How long: 3 weeks

Immediate: Acute Milk Infection — How long: 3 Days

Are the name, age, sex, color, date and place correctly given above?

Yes

Accident or Suicide?

Signeture of Physician: Madame Campbell M.D.

Address: Halls Md

Name in Full: Margaret Clark

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bowie — County: Prince George

Date of death 1904: Month: July — Day: 22

Age: Years: 70 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Bowie - Md

Married, Single or Widowed: Widowed — Occupation: No occupation

Name of Wife or Husband:

Father's Name: Henry Carrier — Father's Birthplace: Bowie - Md

Mother's Maiden Name: Margaret E. Carrier — Mother's Birthplace: " "

Name of person giving In formation: J. R. Hardie — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fatty degeneration of the heart — How long: Several years

Immediate: Cardiac paralysis — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. M. Duvall M.D.

Address: Springfield Md.

Accident or Suicide? No.

LIBRARY BUREAU A68816

Name in Full: William H Colbert

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: New Glatz — County: Pr. Ges.

Date of death 1904 — Month: 7 — Day: 12 — Age — Years: — Months: 9 — Days:

Sex: Male — Color or Race: Black — Birthplace: Md

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband: —

Father's Name: Wilson Colbert — Father's Birthplace: Md

Mother's Maiden Name: Martha F. Henson — Mother's Birthplace: Md

Name of person giving information: Thomas H. Henson — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Gastro-Enteritis — How long: 5 days

Immediate: Convulsions — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. P. Simpson M.D.

Address: Rockcroft Md.

Accident or Suicide? —

LIBRARY BUREAU A88316

Name in Full Elizabeth Viola Conaway

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Mairkirk — County: Pr Geo

Date of death 1904 — Month: July — Day: 7th

Age — Years: 12 — Months: 10 — Days: 5

Sex: Female — Color or Race: Colored — Birthplace: U.S.

Married, Single or Widowed: Child — Occupation: Schoole Girl

Name of Wife or Husband:

Father's Name: Joseph Conaway — Father's Birthplace: Md.

Mother's Maiden Name: Mamie Brewer — Mother's Birthplace: Md

Name of person giving In formation: Rosa Lancaster — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 3 weeks

Immediate: Cerebral Congestion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J R Hunt M.D.

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Virginia C Cornelius

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bowie — County: Prince Georges

Date of death 1904 — Month: July — Day: 21st — Age — Years: 76 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: None — Where Residing if not at place of death: Bowie

Married, Single or Widowed: Widow — Name of Wife or Husband: Rev Edward Cornelius

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Dont Know — Father's Birthplace

Mother's Maiden Name: Dont Know — Mother's Birthplace

Name of person giving In formation: John Mosier — How related to deceased: None

109

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Abcess — How long: Two Weeks

Immediate: Pyemia — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Nelson A Ryon MD

Address: Bowie Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Richd Franklin Deale

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mardela Springs — County: Preco

Date of death 1904 — Month: July — Day: 31 — Age — Years: 51 — Months: 9 — Days: 18

Sex: Male — Color or Race: white — Birthplace: A. A Co. Md

Married, Single or Widowed: Married — Occupation: None

Name of Wife or Husband: Ella Deale

Father's Name: Thos Henry Deale — Father's Birthplace: A. A. Co. Md

Mother's Maiden Name: Susan F Tydings. — Mother's Birthplace: A A Co. Md

Name of person giving information: Florence Deale King — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long

Immediate: Hemorrhage — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. Z. Riggin

Address: Mardela Springs

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Jane Dearstine

CERTIFICATE OF DEATH

MARYLAND

Died: Town: Near Springfield County: Pa.

Date of death: Month: July Day: 7 Year: 1904

Age: Years: 58 Months: — Days: —

Sex: Female Color or Race: White Birthplace: Wayne Co. Pa.

Married, Single or Widowed: Married Occupation: Housewife

Name of Wife or Husband: Samuel Dearstine

Father's Name: Nelson Tyler Father's Birthplace: Pa.

Mother's Maiden Name: Lesbia Thurman Mother's Birthplace: Unknown

Name of person giving Information: Samuel Dearstine How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Consumption How long: Four Months

Immediate: Asthenia How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. M. Dowell M.D.

Address: Springfield Md.

Accident or Suicide? No

LIBRARY BUREAU A88918

Name in Full — — Dent

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Millwood County: P.G. George

Date of death: Month July Day 23 Year 1904 Age: Months 1 month Days

Sex: Male Color or Race: Colored Birthplace: P.G. Co Md

Occupation: Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Thomas Dent Father's Birthplace: Md

Mother's Maiden Name: Margaret Caffell Mother's Birthplace: Md

Name of person giving Information: Edward Coulee How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: general Debility How long: from birth

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. E. Sanchuny

Address: Forestville Md

Accident or Suicide? —

LIBRARY BUREAU A88515

Name in Full: John Dodson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westwood — County: Prince George

Date of death 190 4 — Month: 7 — Day: 12 — Age — Years: 92 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: St Marys Co. Md

Married, ~~Single or Widowed~~ — Occupation: Laborer

Name of Wife or Husband: Billie A. Holland

Father's Name: Jno Dodson — Father's Birthplace: Maryland

Mother's Maiden Name — Mother's Birthplace: Md

Name of person giving In formation: Thomas Dodson — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old Age — How long: Died suddenly

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas Dennis Knighton

Address: Baden Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Maria Dupont

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forestville; County: P. George

Date of death: Month: July; Day: 1; 1904

Age: Years: 82; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: New Jersey

Occupation: Housewife; Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: Married; Name of ~~Wife~~ Husband: Dupont

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: Dupont; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hemiplegia; How long: 3 days

Immediate: Exhaustion; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John E Lamburn

Address: Forestville Md

Accident or Suicide?

LIBRARY BUREAU A88918

Name In Full

William Henry Forsythe

Certificate of Death

Died at Annual P.O. (Town) Prince George (County) MARYLAND

Date 1904 Month July Day 19 | Age Y. 1 M. — D. 16 | Native of Md. | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | ~~Number of children living~~

Husband / Wife of _____

Father's Name William H. Forsythe | Mother's Maiden Name Lydia Forsythe

Cause of Death: Primary — Cholera Infantum — How long sick 2 weeks

Immediate — Accident, Suicide, Homicide

Reported by A. P. Etienne Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Julius Hardt.

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Upper Marlboro. County: Prince Georges

Date of death 190	Month	Day	Years	Months	Days
	7	10	Age About 60	—	—

TO BE ANSWERED BY NEAREST FRIEND

Sex: ~~Male~~ Female. Color or Race: White. Birthplace: Denmark

Married, Single or Widowed: Widower. Occupation: Butcher.

Name of Wife or Husband: ——

Father's Name: —— Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Deceased had no relatives here. Information gathered from friends. How related to deceased: Wm. D. Symes Physician.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pernicious Malaria. How long: Dont know saw him only 24 hours before death

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Warren D. Symes.

Address: Upper Marlboro.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Mary Henson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Leeland — County: Prince George

Date of death 1904: Month: 4 July — Day: 12 — Age: Years: 39 — Months — Days

Sex: Feminine — Color or Race: C — Birthplace: Prince George Co

Married, ~~Single~~ or ~~Widowed~~: Married — Occupation: Housewife

Name of ~~Wife~~ or Husband: James Henson

Father's Name — Father's Birthplace: Prince George Co

Mother's Maiden Name: Ellen Coates — Mother's Birthplace: Prince George Co

Name of person giving information: James Henson — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Not Known — How long: One hour

Immediate: " " — How long: Not known

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Maclane Carr M.D.

Address: Hall. Prince George Co., Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Edgar A Hill

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Springfield — County: P. G.

Date of death 1904: Month: July — Day: 8

Age: Years: 72 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: P. G. Co. Md.

Married, Single or Widowed: Widow — Occupation: Housekeeper

Name of Wife or Husband: E. J. Hill

Father's Name: Wm Fewnick — Father's Birthplace: Md.

Mother's Maiden Name: Caroline Sheiburne — Mother's Birthplace: "

Name of person giving Information: Richard E. Hill — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bulbor Paralysis — How long: Three months

Immediate: Cardiac Paralysis — How long: 2

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. Darnall M.D.

Address: Springfield Md.

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full

Certificate of Death

Estelle R. Hewitt

Died at Washington Town D.C. County MARYLAND

Date 1904 Month July Day 7 | Age Y. 10 M. D. | Native of D.C. | Occupation House

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name Wesley

Mother's Maiden Name

Cause of Death: Primary

Immediate Mitral Insufficiency

How long sick Many years

~~Accident, Suicide, Homicide~~

Reported by W. W. Cooper

Address D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU, 79B98

Name in Full: Mary Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City; County: Somerset

Date of death 1904	Month	Day	Years	Months	Days
	7	18	Age 96	—	—

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female	Color or Race: Colored	Birthplace: Somerset Co Md	
Married, Single or Widowed: Widow	Occupation: Housework		
Name of Wife or Husband: —			
Father's Name: Nathan Bozman		Father's Birthplace: Maryland	
Mother's Maiden Name: —		Mother's Birthplace: —	
Name of person giving Information: Fred. Jackson		How related to deceased: Son	

154

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age		How long
Immediate: Heart Failure		How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: Harry Kelly M.D.	
	Address: Pocomoke Md	
Accident or Suicide?		

LIBRARY BUREAU A58516

Name in Full: Elmer Johnson.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Piney Pith. County: Pr. Geo.

Date of death: 1904 Month: 7 Day: 31

Age: Years: Months: 2 Days: 7

Sex: male Color or Race: Colored Birthplace: Piney pith Pr Geo Co

Occupation: Where Residing if not at place of death: " " "

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: not known Father's Birthplace:

Mother's Maiden Name: Susan Johnson. Mother's Birthplace: Pr. Geo. Co.

Name of person giving Imformation: Wheeler Johnson How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: sick since born How long:

Immediate: Thrush. How long: Continuously till death

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~ acting Coroner. William H. Squires.

Address: Brandywine. Md. J.P.

Accident or Suicide?

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Jane E Johnson

Died at: Town: Croom; County: P.G.

Date of death: Month: July; Day: 29; 1904

Age: Years: 7; Months: 10; Days:

Sex: Female

Color or Race: Black

Birthplace: P.G. Co

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Charles Johnson

Father's Birthplace: Md

Mother's Maiden Name: Rebecca Toney

Mother's Birthplace:

Name of person giving information: Millie Johnson

How related to deceased: Grand father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Enteritis

How long: some time

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W H Gibbons

Address: Croom Md

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Leonard Johnson.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Piney Pith — County: Pr. Geo.

Date of death: Month: 1904 7 — Day: 18 — Age: Years — Months — Days: 2

Sex: Male — Color or Race: Colored — Birthplace: Piney Pith Pr. Geo. Co

Occupation: — — — — Where Residing if not at place of death: " " "

Married, Single or Widowed: — — Name of Wife or Husband: — — — —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Leonard Johnson. — Father's Birthplace: Pr. Geo. Co.

Mother's Maiden Name: Gertrude Porter — Mother's Birthplace: " " "

Name of person giving Imformation: Leonard Johnson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — — — — How long: —

Immediate: Spasms. — How long: since birth.

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide?

Signature of Physician: acting Coroner, William H. Squires.

Address: Brandywine, Md., J.P.

LIBRARY BUREAU A83819

Name in Full

Certificate of Death

Thomas Joyce

Town

County

Died at Westwood Prince Geo. Co., MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1924	7	2	Age	84			Md	Farm Hand

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Don't Know

19

Mother's Name Don't Know

Cause of Death — Primary: Heart disease & Complication — How long sick: 3 years

Immediate: Was found dead — ~~Accident, Suicide, Homicide~~

Reported by W. R. Lalimer M. D.

Address 9 Orrie Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU, 79898

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Gladis Annie Kimpton

Died at: Town: Bladensburg; County: Prince Geo

Date of death: 1904 Month: July Day: 26

Age: Years: 5 Months: Days:

Sex: Female Color or Race: White Birthplace: Bladensburg

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas S Kimpton Father's Birthplace: England

Mother's Maiden Name: Eva Mary Standsbury Mother's Birthplace: Md

Name of person giving information: mother How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis How long: 1 week.

Immediate: Asthenia How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C L Parry

Address: Hyattsville Md

Accident or Suicide?

LIBRARY BUREAU A88816

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Willis Taylor Lewis

Died at — Town: near Bowie — County: Prince Georges

Date of death 1904 — Month: July — Day: 20th

Age — Years: 4 — Months: 4 — Days: 4

Sex: Male

Color or Race: Colored

Birthplace: Maryland

Married, Single or Widowed: Single

Occupation: ———

Name of Wife or Husband: ———

Father's Name: Willis Lewis

Father's Birthplace: Virginia

Mother's Maiden Name: Mary Taylor

Mother's Birthplace: Maryland

Name of person giving information: Willis Lewis

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Entero-Colitis — How long: one week

Immediate: Exhaustion — How long: ———

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Nelson A Ryon M.D

Address: Bowie - Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Sadie Mahoney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: T. B. County: Pr. Geo.

Date of death: 1904 Month: 7 Day: 30

Age: Years — Months: 7 Days:

Sex: female Color or Race: Colored Birthplace: T. B. Md.

Occupation: — Where Residing if not at place of death: " "

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Wash. Mahoney. Father's Birthplace: Pr. Ges. Co. Md.

Mother's Maiden Name: Ida Pinkney Mother's Birthplace: " " " "

Name of person giving Imformation: Robert Pinkney How related to deceased: Grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: born with a cold. teething, How long:

Immediate: Cholera infantum, How long: since born.

Are the name, age, sex, color. date and place correctly given above? yes

Signature of ~~Physician~~ acting Coroner. William H. Esquire J.P.

Address: Braudywine. Prince George's County, Maryland.

Accident or Suicide?

LIBRARY BUREAU ASSOC

Name in Full: Katharine Georgie Marshall

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Laurel — County: Prince Geo.

Date of death: 1904 — Month: July — Day: 29.

Age — Years: Seven — Months: Eleven — Days:

Sex: Female — Color or Race: White — Birthplace: Laurel Md

Occupation: Infant — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo Marshall — Father's Birthplace: Laurel Md

Mother's Maiden Name: Katharine McGinnity — Mother's Birthplace: McConnellsburg Pa.

Name of person giving Information: Geo Marshall — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum 105 — How long: 10 days

Immediate: Convulsions — How long: 20 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Fy. Bowery

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Ida Maynard

Died at Town Lanham County Prince George's MARYLAND

Date 1904 Month July Day 5 | Age Y. 7 M. D. | Native of Md | Occupation Baby

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name Thos P Maynard Mother's Maiden Name Francis R. Charity

Cause of Death: Primary Cholera Infantum

Immediate

How long sick 1 Day

~~Accident, Suicide, Homicide~~

Reported by

Address Hyattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Alma Rebecca Moran

Died at Town: Halwood County: Prince Geo. Co., MARYLAND

Date 1904 Month: July Day: 28

Age Y. 2 M. 25 D.

Native of Maryland

Occupation —

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

~~Number of children living~~

Husband of

Wife —

Father's Name Thomas A. Moran

Mother's Name Oda R. White

Cause of Death: Primary ~~Diarrhoea~~ 105

Immediate Paralysis of Respiration

How long sick Since birth.

~~Accident, Suicide~~, Homicide

Reported by W. R. Latimer M D

Address Orme. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Leonard Ogden

Died at Anacostia (Town) [redacted] (County) D. C. MARYLAND

Date 1904 Month July Day 2nd | Age Y. 3 M. 2 D. | Native of Md | Occupation Farming

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced | Number of children living 10

~~Husband~~ of Wife ~~John W. Ogden~~ & Unknown

Father's Name John Ogden | Mother's Maiden Neme Isabella Allen

Cause of Death: Primary Unknown | How long sick Unknown

Immediate Unknown

~~Accident, Suicide, Homicide~~

Reported by Leonard Ogden

Address Anacostia D. C.

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 70898

Name in Full

Certificate of Death

Priscilla R Payne

Died at Town: Hyattsville County: Prince George MARYLAND

Date 19 04 Month: July Day: 23 | Age Y. 70 M. — D. — | Native of Va | Occupation —

~~Male~~ Female | ~~White~~ Colored | Married Single | Widow Widower | Divorced | Number of children living

~~Husband~~ Wife of William T Payne

Father's Name Jas Entwisle Mother's Maiden Name Eliza A Zimmerman

Cause of Death: Primary Dysentery 106 | How long sick 2 weeks

Immediate Arterio Sclerosis | ~~Accident, Suicide, Homicide~~

Reported by Sadie Hardin

Address Hyattsville Md

Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full

Certificate of Death

Edith M. Pumphrey

Town

County

Died at Near Hamilton Rad P.G.Co Md.

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
July	25			15	D.C.	—

Date 1904

~~Male~~ / Female

White / ~~Colored~~

~~Married~~ / Single

Widow / Widower

Divorced

Number of children living

Husband of —

Wife —

Father's Name William J. Pumphrey

Mother's Name Mary E. Pumphrey

Cause of Death — Primary: Abscess, Result of Diseased Spine

How long sick 2 or 3 days

Immediate: Coma

Accident, Suicide, Homicide

Reported by J. D. Mudd M.D.

Address Hamilton D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Place of Burial

St. Barnaby Cem.

July 26th 1904

By. Thos F Murray

Name in Full: Martha Ellen Queen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Bowie — County: Prince Georges

Date of death 1904 — Month: July — Day: 6

Age — Years: [illegible] — Months: 3 — Days: 16

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: Waller Davis — Father's Birthplace: Dis of Columbia

Mother's Maiden Name: Elizabeth Queen — Mother's Birthplace: Maryland

Name of person giving In formation: Francis Queen — How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition — How long: two months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R A Ryan MD

Address: Bowie Md

Accident or ~~Suicide~~? No

LIBRARY BUREAU A88316

Name in Full: Grace Rush

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Brentwood Md | County: Pr. Geo

Date of death: 1904 | Month: July | Day: 5th | Age: Years: — | Months: 1 | Days: 9

Sex: Female | Color or Race: White | Birthplace: Brentwood Md

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: — | Name of Wife or Husband: —

Father's Name: Ernest Rush | Father's Birthplace: Culpeper. Va

Mother's Maiden Name: Mary R. Rawlins | Mother's Birthplace: Petersburg Va

Name of person giving Information: Mary R. Rawlins | How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus | How long: 1 mo

Immediate: Internal convulsion | How long: 1/2 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. C. Chlendorf M.D.

Address: Brentwood Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: ~~William Sampson~~ William Sampson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Leahland — County: P. Geo Co.

Date of death: July 5. July — Month: ~~July~~ — Day: ~~5.~~ — Age — Years: — Months: 3 — Days: —

Sex — Color or Race — Birthplace

Occupation: none — Where Residing if not at place of death: Leahland

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband

Father's Name: John Sampson — Father's Birthplace: Va

Mother's Maiden Name: Mary Brandon — Mother's Birthplace: "

Name of person giving information: Wm Sampson — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera infantum — How long: four days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas Wills

Address: Upperville Md

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Rosalie Saacer.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Upper Marlboro' — County: Prince Georges

Date of death 1904: Month: 7 — Day: 29

Age: Years: — Months: 5 — Days: —

Sex: Female — Color or Race: White. — Birthplace: Prince Georges Co. Md.

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: St. Reverdy Saacer. — Father's Birthplace: Md.

Mother's Maiden Name: Mary Beale. — Mother's Birthplace: Md.

Name of person giving Information: Dr. Marcen D. Stumes. — How related to deceased: Physician

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis Follicularis (Cholera Infantil) — How long: 8 Days.

Immediate: Exhaustion. — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Marcen D. Stumes, M. D.

Address: Upper Marlboro' Md.

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: James E. Sears -

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Upper Marlboro. (County) Prince George's.

Date of death 1904 — Month: 4 — Day: 7

Age — Years: 60 — Months: — Days: —

Sex: Male

Color or Race: White -

Birthplace: Maryland.

Married, Single or Widowed: Married

Occupation: Physician.

Name of Wife or Husband: Lydia A. Sears.

Father's Name: Wm. Sears.

Father's Birthplace: Maryland.

Mother's Maiden Name: Sarah Sears.

Mother's Birthplace: Maryland -

Name of person giving Information: J. P. Neale

How related to deceased: Nephew -

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever -

How long: Two weeks -

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Reverdy Saxacer.

Address: Upper Marlboro'. Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Sadie Stephenson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Meadows — County: Prince George

Date of death: Month: 7 — Day: 26 — Year: 1904 — Age: Years: 11 — Months: — — Days: —

Sex — Color or Race — Birthplace

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Manuel Stephenson — Father's Birthplace: P.G. Co Md

Mother's Maiden Name: Adelaide Hawkins — Mother's Birthplace: " " Md

Name of person giving In formation: Patrick Hawkins — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis acute — How long: 8 months.

Immediate: Exanition — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E Sandberry

Address: Forestville Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Rev. D. Sullivan.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel; County: Prince George.

Date of death: Month: July; Day: 27th; 1904

Age: Years: 42; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Prince George Co.

Occupation: Freeman on boom

Where Residing if not at place of death: at Laurel

Married, Single or Widowed: Married

Name of Wife or Husband: Mary E Anderson

Father's Name: Edward Sullivan

Father's Birthplace: Ire.

Mother's Maiden Name: Mary A. Barnett

Mother's Birthplace: Pallington

Name of person giving Information: W. Sullivan

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Undetermined

How long: 4 mo

Immediate: Asthenia

How long: 1 mo.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. B. Bayly

Address: Laurel Md.

Accident or Suicide?

1179

LIBRARY BUREAU A88816

Name in Full: Mary R. Taymon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cheltenham — County: Pr Geo

Date of death 1904: Month: July — Day: 5

Age: Years — Months: 8 — Days:

Sex: Female — Color or Race: White — Birthplace: Some

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband: Rd

Father's Name: Robert Taymon — Father's Birthplace: Md

Mother's Maiden Name: Rora Cranford — Mother's Birthplace: Md

Name of person giving information: Allan Taymon — How related to deceased: bro

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 2 1/2 days

Immediate: Don't Know child died before I arrived — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Gibbons

Address: Croom md

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full: Joseph Washington

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Landover; County: Prince George

Date of death 1904: Month: July; Day: 4

Age: Years: —; Months: 8; Days: 5

Sex: Male; Color or Race: Colored; Birthplace: Landover

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm James Washington; Father's Birthplace: Richmond Va

Mother's Maiden Name: Katie Thomas; Mother's Birthplace: A.A. Co. Md

Name of person giving information: Wm J. Washington; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Milk Infection; How long: 10 days

Immediate: Heart & Respiratory Failure; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Madam Dawood, M.D.

Address: Hall's Maryland

Accident or Suicide?

LIBRARY BUREAU A6B918

Name in Full: Joseph Edward Waters

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Meadows — County: Dr. Geo.

Date of death: Month: 7 — Day: 17 — Year: 1904

Age: Years — Months: 6 — Days:

Sex: Male — Color or Race: colored — Birthplace: Meadows

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Waters — Father's Birthplace: Md

Mother's Maiden Name: Sarah Butler — Mother's Birthplace: Md

Name of person giving Information: Martha Butler — How related to deceased: Aunt.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition — How long: 1 Md.

Immediate: Diarrhoea — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: John E. Sansbury

Address: Forestville. Md

Accident or Suicide?

LIBRARY BUREAU A88010

Name in Full: Sarah J Watson — 5-7

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cheltenham — County: Pr Geo

Date of death 1904: Month: 7 — Day: 4 — Age: Years: 5-7 — Months: 6 — Days: 4

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Husband: W. J. Watson

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Webster — Father's Birthplace: Pr Geo Co Md

Mother's Maiden Name: Mary L Mudd — Mother's Birthplace: Pr Geo Co Md

Name of person giving Imformation: J W Webster — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis (Pulmonary) — How long: One year

Immediate: Asthma — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John A. Cox

Address: [redacted] Md

Accident or Suicide?

LIBRARY BUREAU A69818

Name in Full: John H Wheeler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hyattsville; County: Prince George's

Date of death: 1904 Month: July Day: 14

Age: Years: 50 Months: Days:

Sex: Man

Color or Race: Colored

Birthplace: Charles Co. Md

Occupation: Laborer

Where Residing if not at place of death: ✓

Married, Single or Widowed: Married

Name of Wife or Husband: Sarah Wheeler

Father's Name: Asmon Wheeler

Father's Birthplace:

Mother's Maiden Name: Kitty

Mother's Birthplace:

Name of person giving information: W L Parrott Richwood

How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

103.

Primary: Nephritis

How long: about 3 months

Immediate: Gastric ulcer

How long: about 1 week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W L Parrott

Address: Hyattsville

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary Ruth Whitehead

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Bellevue — Town

County: Prince Geo

Date of death: Month: July — Day: 27 — 1904

Age: Years: — Months: 6 — Days:

Sex: Female

Color or Race: White

Birthplace: Branchtown

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Geo P Whitehead

Father's Birthplace: Md

Mother's Maiden Name: Daisy B Riddle

Mother's Birthplace: Md

Name of person giving Information: Rider Annie Riddle

How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: about 4 days

Immediate: " " — How long: " " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C A Fox

Address: Bellevue

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Dirty Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Bowie; County: Prince Georges; MARYLAND

Date of death 1904: Month: July; Day: 18; Age — Years: ; Months: 7; Days: 9

Sex: Female; Color or Race: Colard; Birthplace: near Bowie

Occupation: ; Where Residing if not at place of death:

Married, Single or Widowed: ; Name of Wife or Husband:

Father's Name: Louis Williams; Father's Birthplace: U S Car

Mother's Maiden Name: Rachel Williams; Mother's Birthplace: U S Car

Name of person giving In formation: Jim Hall; How related to deceased: Gran Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus; How long: 7 months

Immediate: Exhaustion; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. T. Taylor

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A85515

Name in Full: Dennis Herman Young

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Woodville — County: Pr. Geo's

Date of death 1904 — Month: 7 — Day: 29

Age — Years: — Months: 3 — Days: 4

Sex: Male — Color or Race: White — Birthplace: Woodville Md

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: Jos. H. Young — Father's Birthplace: Woodville

Mother's Maiden Name: Virginia Gibbons — Mother's Birthplace: Woodville

Name of person giving Information: Walter Young — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition from — How long: 3 mos.

Immediate: Exhaustion from — How long: One day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Morton Bowen

Address: Aquasco Md

Accident or Suicide? No.

LIBRARY BUREAU A88316

Name in Full: Unknown

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Ritchie Station — County: Prince Georges

Date of death: 1904 — Month: July — Day: 30 — Years: Age about 30 — Months — Days

Sex: Male — Color or Race: White Unknown — Birthplace: Unknown

Occupation: Unknown — Where Residing if not at place of death: Not Known

Married, Single or Widowed: Unknown — Name of Wife or Husband: Unknown

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: " — Mother's Birthplace: "

Name of person giving Information: Coroner — How related to deceased: "

TO BE ANSWERED BY NEAREST FRIEND

166

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Killed on C.B. B R.R. — How long: ——

Immediate: Accident, as far as can be ascertained. — How long:

Are the name, age, sex, color, date and place correctly given above? As far as Known

Accident or Suicide? Accident

Signature of Physician: Alfred Rabezky, J.P. & Coroner

Address: Upper Marlboro, Md.

LIBRARY BUREAU A6851B